



**SEVERE ACUTE RESPIRATORY SYNDROME (SARS)
CLINICIAN UPDATE
April 21, 2003**

SUMMARY:

1. Clinicians need to remain vigilant in detecting new cases of SARS.
2. Transmission probably has a fomite (contact) component as well as a respiratory (large droplet) component. Strict contact and respiratory precautions need to be followed with possible SARS cases.
3. Any healthcare worker that develops pneumonia should notify public health immediately
4. Please continue to report any suspect cases **IMMEDIATELY** to your local health department or to UDOH 24/7 number (888) EPI-UTAH (374-8824). Public Health is notifying all cases and contacts to help assure appropriate steps are taken to minimize risk of transmission to others.
5. Check the Medical Guidelines (present on the health.utah.gov/epi/sars/ web site) for full information on diagnosis, specimen collection, test result interpretation, and infection control measures.

RECENT INFORMATION:

Travel:

Returning travelers from TORONTO, CANADA with compatible symptoms of SARS now need to be isolated and immediately reported to public health. Previously, only mainland China, Hong Kong, and Singapore were listed.

Quarantine and Isolation:

At this time, healthy travelers who have returned from Toronto, mainland China, Hong Kong, and Singapore do not need to be quarantined or isolated. All travelers should be encouraged to monitor themselves for symptoms of SARS (fever and/or respiratory symptoms). If symptoms develop, travelers should immediately notify their healthcare provider by phone so that appropriate arrangements can be made to permit their examination without exposing other individuals. Generally, these arrangements have included providing the patient with a mask and having them enter the clinic without going through the waiting room.

Healthcare worker surveillance:

There has been no evidence of community-transmission of SARS in the US to date. The current SARS case definition would not include people who become ill with no known contact with a SARS patient or travel to a SARS area. If such

transmission occurred, it is likely that patients would end up in hospitals and would potentially lead to cases among health care workers. As a safeguard to detect such transmission, CDC and the UDOH are requesting that healthcare workers who have a pneumonia-like syndrome with an abnormal chest X-ray contact public health immediately.

CURRENT DATA:

The CDC has revised the case definition to include probable cases in addition to suspect cases (a probable case is more likely to confirm than a suspect case). Currently, Utah has one probable case and four suspect cases. There are an additional two cases that do not meet the current case definition, but have tested positive for coronavirus.

All of the Utah cases have traveled to affected areas. All are recovering.

TRAVEL ADVISORY:

The Centers for Disease Control (CDC) advises postponing nonessential travel to mainland China, Hong Kong, Hanoi, Vietnam, or Singapore until further notice. A travel alert has been issued for Toronto, Canada. There is no recommendation to postpone travel to Toronto, however, travelers are advised that there is increased SARS activity present there.

Links:

[CDC web site \(www.cdc.gov/ncidod/SARS\)](http://www.cdc.gov/ncidod/SARS)

[WHO web site \(www.who.int\)](http://www.who.int)

CDC infection control guidelines (<http://www.cdc.gov/ncidod/sars/ic.htm>)

Office of Epidemiology

[SARS Home Page](#)

[DELS Home Page](#)

[Communicable Disease Control](#)

[Epidemiology](#)

- [Communicable Disease Epidemiology](#)
- [Environmental Epidemiology](#)

[State Public Health Lab](#)

[Disease
Fact Sheets](#)

[Disease
Reporting](#)

[Site
Map](#)

[Contact
Us](#)

Severe Acute Respiratory Syndrome (SARS) Update

[Important Information
for Clinicians in Utah](#)

[Important Information for
the General Public](#)

[Clinical, infection control,
and exposure management
information on SARS](#)

[Local Health Department
SARS information](#)

[Recommendations for
Schools, Meetings
Conferences, and
Businesses](#)

Case Count:
(last update 7/18/03)
[Utah](#) | [USA](#) | [Worldwide](#)

[Travel Advisory](#)
**(last update
7/16/03)**

[Utah SARS Update Archive](#)

Press Release - July 17, 2003

Update to SARS Case Definition Reduces US Cases by Half

The Centers for Disease Control and Prevention (CDC) has dropped the number of SARS cases in the United States by half (49.5%) to a total of 211. The new tally, reported in today's Morbidity and Mortality Weekly Report (MMWR), includes 175 suspect cases and 36 probable cases, down from 344 suspect and 74 probable cases reported on July 15. The change results from excluding cases in which blood specimens that were collected more than 21 days after the onset of illness test negative for SARS-associated coronavirus (SARS-CoV). Exclusion of these cases with negative convalescent serum provides a more accurate accounting of the epidemic in the US.

The Council of State and Territorial Epidemiologists, an association of public health professionals in US states and territories, recommended the change in the US SARS case definition to allow for exclusion of cases with negative convalescent serum specimens. This recommendation is based on scientific data which indicate that 95% of SARS patients mount a detectable convalescent antibody response.

Additionally, today's MMWR recommends changing the timing for collecting convalescent-phase serum specimens to test for antibody to SARS-CoV from 21 or more days to 28 or more days after the onset of illness. This recommendation comes following analysis of recent data which indicate that some persons with SARS-CoV infection may not mount a detectable antibody

response until 28 days after the onset of illness. However, testing results from serum previously collected between 22 and 28 days are acceptable and will not require collection of an additional sample.

CDC lifted all travel alerts related to SARS between July 1 and 15. With removal of all SARS travel alerts and completion of an incubation period (10 days), U.S. travelers with respiratory illness will no longer meet the current case definition for SARS. Reports of suspect or probable cases, therefore, are expected to end by July 31, 2003.

For more information about the SARS case definitions, see the CDC web site at <http://www.cdc.gov>.

For Further Information

<http://www.cdc.gov/ncidod/sars/>

<http://www.who.int/csr/sars/en/>

Office of Epidemiology

Telephone: 801-538-6191 - Fax: 801-538-9923

[Email Us](#) - **Emergencies: 1-888-EPI UTAH**



health.utah.gov Home | [UDOH Disclaimer](#) | [UDOH Privacy Policy](#) | [Utah.gov Accessibility Policy](#)

© Copyright 2003 Utah Department of Health All rights reserved [Webmaster](#)